

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

**1 Name of organization**

Heartland PAC

**Employer identification number**

20 - 2670155

**2 Mailing address (P.O. box or number, street, and room or suite number)**

2813 Virginia Place

**City or town, state, and ZIP code**

Des Moines, IA 50321

**3 Check applicable box:**

☐ Initial notice

☐ Amended notice

☒ Final notice

**4a Date established**

04/29/2005

**4b Date of material change**

01/16/2009

**5 E-mail address of organization**

chc02@mchsi.com

**6a Name of custodian of records**

Theresa Kehoe

**6b Custodian's address**

2813 Virginia Place  
Des Moines, IA 50321

**7a Name of contact person**

Theresa Kehoe

**7b Contact person's address**

2813 Virginia Place  
Des Moines, IA 50321

**8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number**

2813 Virginia Place

**City or town, state, and ZIP code**

Des Moines, IA 50321

**9a Election authority**

NONE

**9b Election authority identification number**

**Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)**

**10a** Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes ☐ No ☒

**10b** If 'Yes,' list the state where the organization files reports:

**11** Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes ☐ No ☒

**Part III Purpose**

**12 Describe the purpose of the organization**

The purpose of the organization shall be to accept donations in order to make disbursements to directly or indirectly influence the selection, nomination, election or appointment of individuals to state or local public office.

**Part IV**    **List of All Related Entities** (see instructions)

13 Check if the organization has no related entities.....✓

14a	Name of related entity	14b	Relationship	14c	Address
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**Part V**    **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

15a	Name	15b	Title	15c	Address
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BJ Thornberry	Secretary	9405 Thornhill Rd Silver Spring, MD 20901
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

Theresa Kehoe

01/16/2009

Name of authorized official

Date

Sign  
Here